

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES (DDS)
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**

**PROVIDER CERTIFICATION REVIEW (PCR)
GUIDE AND SURVEY FORMS**

FISCAL YEAR 2012

PROVIDER CERTIFICATION REVIEW (PCR) GUIDE AND SURVEY FORMS

I. PURPOSE OF THE REVIEW

DDS, DDA, providers, and other internal and external stakeholders are committed to ensuring that individuals served are healthy, safe and receive services and supports that meet their needs and preferences. Through the Quality Management Division, information is gathered from a number of sources in order to set benchmarks for improvement including, but not limited to: incident reports, service coordination monitoring reports, Department of Health/Health Regulation and Licensing Administration (HRLA) licensing reports and DDA Provider Certification Reviews (PCR). The PCR is the mechanism for annually determining if a provider is qualified to deliver the Home and Community-Based Services (HCBS) waiver service(s) for which it has been enrolled. Providers who complete the PCR process with a less than "satisfactory" rating in a service(s) may not provide that HCBS waiver service(s) through DDS/DDA. The following are key purposes of the PCR:

- Ensure that individuals are receiving quality waiver services as identified in their ISP
- Identify positive practices and areas for improvement in providers' services and supports
- Aggregate, analyze, and compare data from various sources including; the Incident Management and Enforcement Unit (IMEU), Service Coordination monitoring, Provider Resource Management Reviews, Mortality and Fatality Review Committee results, HRLA reports, and compliance with DDS Human Care Agreement requirements
- Provide evidence that providers are operating in accordance with the HCBS waiver regulations, D.C. Rules and Regulations, and DDS/DDA Approved Policies
 - Waiver Application, 1915c HCBS Waiver: DC.02.01 — October 1, 2008
 - DDS/DDA Approved (www.dds.gov) DC Rules Chapter 19
 - March 21, 2008, Covered Services, 1901
 - March 21, 2008, Provider Qualifications, 1903
 - March 21, 2008, Requirements for Persons Providing Direct Services, 1911
 - March 21, 2008, Definitions, 1999
 - March 21, 2008, General Provisions, 1900
 - March 21, 2008, Day Habilitation Services, 945

- August 22, 2008, Host Home Services, 1915
 - March 21, 2008, In-Home Supports Services, 1916
 - June 20, 2008, Prevocational Services, 920
 - June 20, 2008, Residential Habilitation, 946
 - March 7, 2008 Respite Services, 994
 - October 3, 2008, Supported Employment Services, 929
 - October 3, 2008, Supported Living Services, 993
- a HCBS Quality Framework
- Inform individuals, families and other stakeholders about the quality of community waiver service providers; and
 - Generate system-wide trends and, in conjunction with information from other quality management processes, develop strategies for improvement across all services and supports.

II. PROVIDER CERTIFICATION REVIEW PRINCIPLES

The Provider Certification Review process embodies the following principles:

- Data gathered through the Provider Certification Review is based on observation, interview, and record review.
- Outcomes measured through the review determine a provider's performance in person-centered outcomes and organizational capacity.
- The review promotes collaboration and relationship-building among all stakeholders including DDA, providers, and other agencies/organizations to solve problems and improve the quality of services and supports.
- The goal of the review is focused on improvement and sustainability of waiver services reviewed.
- The review includes a process to identify and correct serious health and safety issues.
- The process is transparent and easily accessible (e.g., results posted on DDS website and shared with Quality Trust and Court Monitoring Office).
- The process is a part of the larger DDA quality management system.

III. PROVIDER CERTIFICATION REVIEW DOMAINS AND OUTCOMES

DDA uses the following domains and outcomes to measure performance across all of its quality management processes:

PERSON-CENTERED OUTCOMES:

Domain C1: Rights & Dignity

- **Outcome C1.1 People have the same rights and protections as others in the community.**
- **Outcome C1.2 People are treated with respect and dignity.**

Domain C2: Safety and Security

- **Outcome C2.1 People are safe from abuse, neglect and injury.**
- **Outcome C2.2 People live and work in safe environments.**
- **Outcome C2.3 People's funds are secure and used appropriately.**

Domain C3: Health

- **Outcome C3.1 People are supported to have the best possible health and health care services.**
- **Outcome C3.2 People's medications are prescribed and administered appropriately.**

Domain C4: Choice and Decision Making

- **Outcome C4.1 People make life choices**

Domain C5: Community Inclusion

- **Outcome C5.1 People use integrated community services and participate in everyday community activities**

Domain C6: Relationships

- **Outcome C6.1 People maintain connections with family members/guardians.**
- **Outcome C6.2 People gain/maintain friendships and relationships.**

Domain C7: Service Planning and Delivery

- Outcome C7.1 Services are provided according to people's Individual Support Plans.
- Outcome C7.2 Services maximize people's autonomy and independence

Domain C8: Satisfaction

- Outcome C8.1 People are satisfied with their living arrangements and supports.
- Outcome C8.2 People are satisfied with their job or day program and supports.

PROVIDER ORGANIZATIONAL OUTCOMES:

Domain S1: Provider Capabilities

- Outcome S1.1 The provider has systems to protect individual rights.
- Outcome S1.2 The provider has a system to respond to emergencies and risk prevention.
- Outcome S1.3 The provider ensures that staff possess the needed skills, competencies and qualifications to support individuals.
- Outcome S1.4 The provider has a system to improve Provider Certification results over time.
- Outcome S1.5 The provider has a system to ensure that individuals have the opportunity to develop and maintain skills in their home and community.

IV. APPLICABLE SERVICES

All organizations contracted through DDS and who hold a Medicaid Provider Agreement through the Department of Health Care Finance (DHCF) to provide day or residential waiver services will be subject to the PCR process. The following is a listing of services subject to PCR:

Residential

Residential Habilitation
Supported Living
Supported Living Periodic
Host Home

Respite Care-Daily
Respite Care-Hourly
In-Home Supports

Work/Day Supports

Supported Employment (Intake & Assessment)
Supported Employment (Job Placement)
Supported Employment (Job Training and Support)
Supported Employment (Long Term Follow Along)
Prevocational
Day Habilitation
Day Habilitation 1:1

The following services may be reviewed as they relate to the individual's Individual Service Plan (ISP), but certifications of these services are not part of the process:

Professional Services

Speech, Hearing and Language, Occupational Therapy, Physical Therapy, Nutritional Therapy, Community Support , Team, Skilled Nursing, Behavior Supports, Dental, and Family Training

Assistive Supports

Personal Emergency Response System (PERS), Vehicle Modification, and Emergency Accessibilities Adaptations, and Adaptive Equipment* (*Not a Waiver Service)

V. SCOPE OF THE REVIEW

The PCR focuses on determining if the provider has the overall organizational strength, vision and capacity to safeguard individuals across all the types of services being reviewed. The provider will be reviewed for all aspects of the service delivery system through representative sampling, stratification, and a holistic view of the provider's operating system for each service. The sample of individuals to be included in the review will ensure that all services are represented during the review.

A provider will have successfully completed a PCR review for each service it provides, if it met all of the following criteria, by the end of the review:

- an overall Excellent or Satisfactory rating for the Person Centered Outcomes portion of the review, and 95% of all mandatory indicators is achieved ;
- an overall Excellent or Satisfactory rating for the Organizational Outcomes portion of the review, and 100% of mandatory indicators is achieved;
- there are no overdue plans of corrections or corrective actions to address issues identified as a result of abuse, neglect, serious reportable injuries, or other serious reportable incident (SRI) investigation recommendation, Mortality Review, Fatality Review, or Human Rights.
- there are no overdue plans of correction or corrective actions for waiver services of providers on the Watch List.
- there has been successful implementation of corrective actions to any indicators that were not met from the previous PCR review.
- a provider is on Enhanced monitoring, and there is demonstrated progress in meeting required plans of corrections as determined by the DDS Quality Improvement Specialist (Note: a provider on Enhanced Monitoring for a waiver service can earn only provisional certification).

A provider who successfully completes a PCR will receive an annual (365 days) or provisional certification (6 month) as determined by ratings earned on the review (detailed in section I of this guide). This certification is valid from the first day of the review. Subsequent PCRs are scheduled during the Recertification Period defined as the 30 days prior to, and up to 30 days after the expiration date. During this Recertification Period, which includes the initial through follow up reviews the provider's certification will be valid until the results of the PCR are published.

VI. THE PCR TOOL AND RATING SYSTEM

The provider certification is reviewed through person-centered and organizational outcomes. Each outcome in the tool is divided into measurable *indicators*. Each indicator has a rating, which consists of, at least, *yes* and *no*. Many indicators also have an additional rating of *not applicable (N/A)* to the individual being reviewed. For example, if the individual does not need a behavior support plan, those indicators will be coded as *N/A*. There are interpretative guides under most of the indicators that are intended to be helpful to both the provider whose services are being reviewed and to the Quality Reviewers conducting the review. These guides include questions and methods that reviewers will engage in to collect

information. These guides do not limit the reviewer from asking other questions or using other information gathering activities that may be necessary during a review.

Situations will arise where the provider will correct a condition leading to a *no* rating for an indicator before the review is finished. Although fixing problems identified during the review should be encouraged (and in some instances required), a *no* rating still must be given which reflect the situation as it existed when first identified. Issues corrected during the review will be noted as such in the narrative of the final PCR Report. All *no* ratings require a written evidence statement by the reviewer explaining the rationale for the rating. This evidence statement will be placed in the Provider PCR report sent to the provider. Quality Reviewers are also encouraged to make comments when a rating of *yes* is given since that will become source information for identifying positive practices in the Provider PCR report.

Indicators have several designations. A designation of Quality Assurance (QA) or Quality Improvement (QI) is given to all indicators in both the Person Centered Outcomes and Organizational Outcomes of the PCR. QI indicators reflect practices that meet community standards for best practices. When a *no* designation is identified, the provider will be encouraged to improve in the area. QA indicators reflect a minimum standard of quality interactions. They are based on policy, regulations, and/or waiver assurances. A corrective action from the provider will be expected when a QA indicator is not met 7 business days after receiving the PCR report. The satisfaction indicators do not have QA/QI designations. Some indicators are bolded, to signify that these are mandatory indicators. Mandatory indicators look at critical areas of providers' services and systems. Mandatory indicators are the most significant indicators of the quality of provider's service delivery system. All providers must meet 95% of Person Centered mandatory indicators and 100% of Organizational Outcome mandatory indicators by the close of the PCR review process in order to achieve certification. When a provider does not meet and/or correct all mandatory indicators by the close of the review (designated by the Follow-Up PCR review), the provider will not pass the review for the affected services and will face DDA sanctions.

The PCR tool is divided into two sections:

Section I: Person Centered Outcomes — This section measures outcomes experienced by individuals for the services listed above, and individual's level of satisfaction for each service.

Section II: Organizational Outcomes — This section measures the effectiveness of provider's systems and practices to insure individuals in their approved waiver services are receiving safe, effective, and necessary services. All indicators in this section apply to for-profit and non-profit provider agencies.

VII. THE PROVIDER CERTIFICATION REVIEW MONITORING PROCESS

The following is a description of the PCR process.

A. REVIEW TEAM

The review team for a certification review is composed of Quality Reviewers from the Quality Management Division (QMD). In general, the review team consists of two or more reviewers, except if the sample is very small (as determined by the number of waiver services provided) and all the services are provided in one location. One Quality Reviewer serves as team leader for the review. Quality Reviewers who may have a conflict of interest (i.e. family member in organization, past employment, consultant relationship) may not be considered as a member of the team for that provider. Quality Reviewers must maintain inter rater reliability at 85% to conduct a PCR review.

o Team leader responsibilities include:

- Coordinating all activities for the review process;
- Completing the Provider Certification Review Report;
- Coordinating all post- review processes; and
- Informing designated DDA staff of the results of the PCR review.

B. SAMPLING

The sample of individuals to be included in the review will be both representative of and proportional to a duplicated count of people receiving residential, work/day supports and supported employment services. The sample is designed so as not to exclude individuals who were included in the previous PCR of the provider.

Within these parameters the sample will be selected. The selection will insure that at least 10% of the individuals in each provider's service are selected. A sample number greater than 10% will be required for those services that have less than 10 individuals. The formula applied for these groups will be 10% of the total plus one. The numbers will be rounded up to create a sample number. For example, when there are five individuals in a service, the sample will be two, which is 40% of all people served ($5 \times .1 + 1$). Once the sample size is determined, a

representative sample will be selected, unless extenuating circumstances require modifications. Some examples of extenuating circumstances are:

- Individuals with specific needs, such as individuals who have a behavioral support plan and/or take psychotropic medications, and need specialized medical supports.
- At least one individual in any location where there has been a pattern of serious reportable incidents and/or issues during the past year and/or if the "conditions of participation" in the current HRLA report have not been met.

C. NOTIFYING THE PROVIDER

The team leader will notify the provider at least 10 business days in advance of the on-site review. This notification will be both in conversation and writing. The provider will be informed of the start and anticipated end dates of the review, the process to be used, and the expectations of the provider during the review process. The provider may be asked if it would like to select an individual for the sample that may highlight the provider's efforts in service provision. The team leader will also inquire if the provider has any questions or concerns about the review, and will respond in a timely manner. The team leader will request that the provider assign a staff person to be a liaison for the review. The team will also reserve the right to conduct an unannounced visit.

Names of the individuals who will be in the sample will be provided to the provider on the first day of the on-site review. If there are extenuating circumstances preventing an individual from being included in the review, the team leader will select another individual.

D. PRE-REVIEW PREPARATION

o A number of activities take place before the actual on-site review including:

- Selecting the provider and notification of PCR date
- Selecting a sample
- Distributing the sample to individual team members
- Collecting and reviewing the following documentation about the provider since the last review including:
 - Issues occurring within the past 12 months

- Serious Reportable Incidents and Recommendations from the past 12 months
- Reportable Incidents
- Human Care Agreements (Contracts Department)
- Current HRLA review(s)
- Individual Profiles and Individual Support Plans
- Service Coordination monitoring reports
- Health and Wellness /DCHRP Monitoring Reports and Recommendations
- Mortality Review Committee (MRC)/Fatality Review Committee (FRC) Recommendations
- Human Rights Advisory Committee (HRAC)/Restrictive Control Review Committee (RCRC) Recommendations
- Placement on the Watch list
- Placement on Enhanced Monitoring
- Other information as needed (e.g., Evans Reports, ULS reports, Quality Trust reports as applicable).
- o Gathering Additional Information:
 - DDA Service Coordination (specific information and the people in the sample)
 - Provider Resource Management
 - o Provider Performance Reviews
 - o Continuous Improvement Plan
 - Guardianship Reports
 - Waiver Unit
 - o Utilization Management Review Audit
 - o Representative Payee Audit
 - o IFP reviews
 - Any Court Orders (listed by provider in MCIS)
 - Other units and personnel as needed

E. ON-SITE REVIEW

The on-site review begins with an initial meeting with the provider liaison to discuss the purpose of the review, schedule of review activities, materials needed to complete the review, and persons who should be present at the

certification review. Other provider staffs may also participate in the initial meeting as determined by the liaison or by request of the Quality Reviewer. After the discussion, each team member completes a review of the specific individuals who have been included in the sample.

1. Observation: Team members will visit individuals in their residence and/or where they work or receive day supports. Visits should include time for the team member to observe the individual at his or her residence and/or work/day support. Visits should be as least disruptive as possible; individuals should not cancel scheduled activities during the on-site visit. Visits can be conducted in the morning, evening and on weekends so that observations can be made during regular service delivery times.

2. Site Visits

With Permission:

Reviewers will visit individuals upon receipt of their permission when they are receiving In- Home Supports, or Respite services, located in their home or their family's home.

Reviewers will visit individuals upon receipt of their permission, and their employer's permission when they are receiving Supported Employment Services.

Required:

Reviewers must visit individuals in their place of residence, when they are receiving Host Home, Supported Living, or Residential Habilitation services. Permission is not required for these visits.

Reviewers must visit individuals in their place of residence when they are receiving Respite services in a provider-managed residence. Permission is not required for these visits.

Reviewers must visit individuals at the site of their Day Services, or Pre-Vocational Services. Permission is not required for these visits.

3. Interviewing: Team members will interview the individual whenever possible and appropriate. Team members may interview the guardian or involved family member, lawyers and advocates and direct care support staff and program managers who know the person well. Individuals may refuse to be interviewed, but their services and supports will be reviewed through a documentation review and/or through interviewing other people. Team members may also interview relevant clinicians and DDA staff in the Health & Wellness Unit, or other DDS affiliates if needed. DDA Service Coordinators may also be interviewed for each individual in the sample.

4. Documentation Review: Team members will review the individual's record (e.g., Individual Support Plan, behavior support plan, health and medication records, goal implementation and documentation, progress notes) and other documentation about services the individual receives at the location (e.g., staff training records, communication logs). In general, the record review will encompass information from the past 12 months, or since the last review.
5. **Staff Training/Criminal Check Review: For indicators related to staff training/criminal background check in Section I (Individual Outcomes) and Section II (Organizational Outcomes), staff training/criminal background checks will be reviewed for all staff working with the individuals selected for the sample. Included are all full-time, part-time, weekend and overnight staff.**

For Section II (Organizational Review) of the PCR tool, members of the team will meet with the executive director (or designee) and other key management staff. The provider is asked to give the team an overview of the services and supports, relevant policies and procedures, and any other information that they think will be helpful to the team (e.g., policies and procedures, quality enhancement/improvement plan and strategies for improvement) in the following areas:

1. **Significant changes in the organization over the past 12 months or since the last review.**
2. **How the provider systematically addresses the health and safety of individuals including when individuals are at risk, when staff are not available and other emergencies, and how they track significant incidents (e.g., medication errors, injuries).**
3. How the provider supports individuals with significant health and/or behavioral needs.
4. How the provider supports individuals **in realizing their hopes, dreams, aspirations.**
5. **How the provider develops opportunities for the individuals to develop meaningful social roles in their community.**
6. How the provider supports individuals in developing relationships with community members.
7. How the provider supports staff in three areas:
 - Recruitment efforts;
 - Developing/maintaining staff competency;
 - Ensuring effective communication and problem solving throughout the agency.
8. How the provider supports the organization to grow and change over time to keep pace with the person's changing preferences and needs as well as industry best practices.

Members of the team may also interview the Provider's Human Rights Committee (HRC) chairperson and/or other administrative/clinical staff and review documentation regarding the HRC and Incident Coordination to determine the effectiveness of the incident management system.

Environmental Requirements

The Review process will also consist of an environmental check of the physical premises. This will be completed using the Environmental Requirements Checklist, and will be completed for each site visited by the reviewer during the review process. Environmental checks will not be completed for In- Home Support Services, Respite Services in the individual's home, and Supported Employment Services. However, when a serious environmental concern(such as broken steps, or nonfunctioning smoke alarm) is identified in one of these services, the reviewer will enter that concern as an issue in MCIS. Any items found deficient on the checklist will result in a *not met* indicator designation within the Provider Organization Outcomes of the review, and will require corrective action by the provider. This corrective action will be reviewed through follow-up and verification at a subsequent follow up review, by the designated individual.

F. SERIOUS HEALTH AND SAFETY ISSUES

Quality Reviewers are required to report any Serious Reportable incidents such as Abuse, Neglect or Serious Physical Injury to the appropriate authorities.

When serious health and safety issues have been identified by a reviewer at a PCR review, in addition to making the necessary notifications as a mandated reporter, the reviewer will notify the PCR Project Director. The PCR Project Director will send a memo to the Director of Quality Management detailing the health and safety issues and concerns. In addition, during the review, the team member will ensure the provider takes protective action at the time of discovery.

The review may be expanded to include additional individuals, locations, and/or staff records at the discretion of the PCR team, when there are serious health and safety issues. This action may also be necessary when, during the course of the review, unsatisfactory findings dictate the need for an expanded review.

G. POST-REVIEW

Post Review Process: After a review is completed, each team member will enter their evidence into the PCR database, where it will be reviewed by a PCR senior manager. Once approved by the senior manager, a report will be prepared. This report will provide results of indicators, and summarize best practices in each of the Person Centered, and Organizational Domains. For all *not met* indicators, a detailed explanation of why the indicators were *not met* will be provided. The PCR senior manager will review the report for completeness and accuracy. The report will detail the scores for each service, organizational outcomes and satisfaction results. Once approved, the report will be sent to the provider within 14 calendar days of the last day of the review.¹

Excellent Results: (Total overall scores of Person Centered and Organizational Outcomes are at least 90% each. 95% of all mandatory indicators are met in the Person Centered Outcome portion and 100% of mandatory indicators are met in the Organizational Outcome portion of the review). A score of 80 % or greater is achieved on Satisfaction. All outstanding/overdue issues as identified in Section V. have been addressed, and the provider is not currently on the Watch list, or on Enhanced Monitoring. (An excellent rating can only be achieved at the initial review).

When there are Quality Assurance Indicators that are *not met*, the provider will be required to complete a Corrective Action Plan for each of these indicators and return the Corrective Action Plan to the Team Leader of the PCR team within seven business days of the review. All *not met* indicators and the corrective actions will be entered into the MCIS Issue Resolution system by a designated PCR team member. Follow-up of indicators will be under the guidance of the assigned Quality Improvement Specialist/or Service Coordinator and followed through the MCIS system, until resolved. The provider will receive annual certification, effective from the date of the PCR review.

Satisfactory Results: (Total overall scores of Person Centered and Organizational Outcomes are at least 80% in each area. 95% of all mandatory indicators are met in the Person Centered Outcome portion and 100% of mandatory indicators are met in the Organizational Outcome portion of the review). All outstanding/overdue issues as identified in Section V. have been addressed by the end of the initial review.

¹Certification results for providers operating in Maryland will be sent to the Maryland Department of Health and Mental Hygiene: Office of Community Licensure Program.

When there are Quality Assurance Indicators that are *not met*, the provider will be required to complete a Corrective Action Plan for each of these indicators and return the Corrective Action Plan to the designated member of the PCR team within seven business days of the review. All *not met* indicators and the corrective actions will be entered into the MCIS Issue Resolution system by a designated PCR team member. Follow-up of indicators will be under the guidance of the assigned Quality Improvement Specialist/ or Service Coordinator and followed through the MCIS system, until resolved. The provider will receive annual certification, effective from the date of the PCR review. When there are outstanding/overdue issues a provider can only achieve a Satisfactory rating if they are corrected by the end of the initial review. Note: Any outstanding/overdue issues (as outlined in Section V) that remain at the close of the initial review, or *not met* mandatory indicators less than 95% in Person Centered Outcomes and 100% in the Organizational Outcomes, will result in the provider receiving a "needs improvement" rating for the service in which the issue is related. This rating will require post review activities as defined below.

Needs Improvement Results: (Total overall Scores of Person Centered Service Review or Organizational Outcomes are below 80%, and/or *not met* mandatory indicators are less than 95% in Person Centered/100% in Organizational Outcomes, and/or overdue issues, as identified in Section V, are present.)

All Quality Assurance (Q/A) Indicators that are *not met* will require a Corrective Action Plan by the provider for each of these indicators identified. The Corrective Action Plan must be returned to the designated member of the PCR team within seven calendar days of the review.

The PCR team will conduct a follow-up review 30-60 calendar days from the issuance of the PCR initial report. This review will include follow up of all *not met* Q/A Indicators in the Corrective Action Plan, and all outstanding issues as identified in Section V. When an individual in the sample is no longer receiving services at the time of follow up, the indicator(s) that were *not met* on initial review will still be evaluated by the PCR team. This evaluation may take the form of reviewing the indicator for other individuals in the organization with similar circumstances to determine that the provider has corrected the *not met* indicator when it affects other individuals. If there are no individuals receiving the service measured by the indicator at the time of F/U, the provider will need to present a written plan for how to ensure the indicator will be met in the future. This response will be recorded in the F/U section of the Corrective Action Plan response by the reviewer. The score for the F/U review will be calculated, and when a provider has achieved a score that places them in the satisfactory range, they will receive certification, effective from the date of the PCR review. After the review is completed, all remaining *not met* Q/A indicators and the corrective actions will be entered into the MCIS Issue Resolution system by the designated PCR team member.

Follow-up for these indicators will be under the guidance of the assigned Quality Improvement Specialist (QIS) or Service Coordinator and followed through the MCIS system until resolved.

Unsatisfactory Results: (Total overall Scores of Person Centered and Organizational Outcomes are below 80%, or an initial score of 50% or less for Person Centered Service Review, or Organizational Outcomes, or an aggregate score of 65% for all Person Centered Service Reviews and Organizational Outcomes, and/or *not met* mandatory indicators are less than 95% in Person Centered/100% in Organizational Outcomes, and/or overdue issues, as identified in Section V, are present)

All Quality Assurance Indicators that are *not met* will require a Corrective Action Plan by the provider for each of these indicators identified. The Corrective Action Plan must be returned to the designated member of the PCR team within seven business days of the review.

The PCR team will conduct a follow-up review 30-60 calendar days from the issuance of the PCR initial report. This review will include follow up of all *not met* Q/A indicators in the Corrective Action Plan, and all outstanding issues as identified in Section V. Providers' plans of corrections should be applied to all effected individuals in their service where applicable, not just the individual(s) cited in the initial review. To determine this systemic corrective action, the PCR team will select a sample of individuals to review in addition to the individuals in the initial review. The PCR reviewers will review all individuals selected in the total sample for evidence that a *not met* indicator has been met for all sampled individuals. The score for the F/U review will be calculated, and when a provider has achieved a score that places them in the satisfactory range, they will receive a six month provisional certification, effective from the date of the initial PCR. After the review is completed, all remaining not met Q/A indicators and the corrective actions will be entered into the MCIS Issue Resolution system by the designated PCR team member. Follow-up for these indicators will be under the guidance of the assigned Quality Improvement Specialist or Service Coordinator and followed through the MCIS system until resolved. At the end of this certification, a provider will be scheduled for a full PCR review for the service that resulted in the unsatisfactory rating.

Timing of Entry of Issues/Incidents into MCIS: The PCR team member will enter all Q/A indicators that are not met as issues into the MCIS system at the completion of the PCR process. For some providers that may occur at the end of the initial review (i.e. for providers who pass the review), and for other providers that may occur at the end of the follow-up review (i.e. for all providers whether they pass or fail on the second review). The issues will be entered into MCIS within five business days after the completion of the PCR report. Any SRIs that are witnessed

during the review will be entered by the reviewer into MCIS within 24 hours per DDA policy. Any Serious Issues discovered during a review will be entered by the reviewer into MCIS within 24 hours. Any *not met* Q/A indicators related to SRI/Serious issues that have been entered into MCIS will contain a notation in the evidence statement that this has occurred, and the date. Corrective Action Plans will be uploaded into MCIS by the PCR team member.

H. FOLLOW-UP FOR LESS THAN SATISFACTORY INITIAL REVIEWS

Feedback to the Provider: The provider is asked to submit a corrective action plan seven days from receipt of the report. The team will review the plan and provide feedback to the provider. Feedback will indicate the degree to which the plan corrects the indicator(s) not met. This feedback will occur within five business days of the receipt of the plan.

When necessary, the PCR team will conduct a follow up visit to determine that the corrective actions have been implemented. The team will also follow up on any unresolved issues that are overdue, in the following areas: SRIs, Abuse and Neglect, Human Rights, Mortality Review, Fatality Review.

Follow-Up Visit: will occur 30-60 calendar days from the date the provider receives the initial PCR report. The team leader will score the results from the follow-up visit and determine if the provider has now moved to a "Satisfactory" designation. The team leader will prepare a follow-up report within seven business days of the review. This report will outline which corrective actions have *met* or have *not met* the indicators. The report will also identify any outstanding issues that remain as needed. This report will be sent to the Senior Review Manager, who will review and approve the report within two business days of the review. Once approved, the team leader will send the report to the provider. If the provider has achieved "Satisfactory" in all services reviewed and has no outstanding/overdue issues in the following areas: SRIs, Abuse and Neglect, Human Rights, Mortality Review, Fatality Review, a certification certificate for each service will be issued. An update will be entered into MCIS by the PCR team member to identify which issues have been addressed and closed, and which remain open, and required follow-up by the assigned Service Coordinator or Quality Improvement Specialist.

When a provider has failed to move to a "Satisfactory" designation, the report will be sent to the PCR Project Director, who will review the report and prepare a memorandum summarizing the issue(s) that keep the provider from a "Satisfactory" designation. The report will detail any progress or lack of progress the provider has made to

correct outstanding indicators that are not met. This will be completed within five business day of receipt, and sent to the DDS Deputy Director for DDA and the Director of Quality Management, DDS. (Refer to Section J)

I. PROVIDER CERTIFICATION REVIEW MONITORING DECISIONS

Provider Certification Level of Quality Criteria

1. PCR Results criteria:

- a. Person-Centered Quality Assurance indicators (thresholds that must be present in all services and supports)
 - i. Excellent= Meets 90% or above of all Q/A indicators; 95% of mandatory indicators
 - ii. Satisfactory = meets 80% or above of all Q/A indicators; 90% of mandatory indicators
- b. Organizational Outcomes
 - i. Excellent= Meets 90% or above of all Q/A indicators; 100% of mandatory indicators
 - ii. Satisfactory = meets 80% or above of all Q/A indicators; 100% of mandatory indicators
- c. Satisfaction Indicators
 - i. Excellent = meets 80% or above of all Q/A indicators

The chart below describes how the criteria are applied in order to arrive at a level of quality for the provider:

Level of Quality	Criteria	Successful Outcomes
Excellent	Meets all applicable criteria: 1a, 1b, and 1c; have no outstanding issues in SRI, A&N, HR, MR, & FR; and are not actively on the Watch List or Enhanced Monitoring	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators • Certification Issued • Reviewed in 1 year
Satisfactory	Meets the following applicable criteria: 1 a , and 1 b; and have no outstanding issues in SRI, A&N, HR, MR,	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators • Certification Issued • Reviewed in 1 year

Level of Quality	Criteria	Successful Outcomes
	& FR.	
Needs Improvement	Meets the following applicable criteria: 1 a. or 1 b. (not both); or has passing scores, but have outstanding issues in SRI, A&N, HR, MR, & FR at the end of the initial review.	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators • Satisfactory completion of all plans related to any outstanding issues • F/U review of plan implementation to follow at 30 days from receiving report. • Certificate Issued when F/U review indicates provider has reached at least satisfactory designation. • Review in one year. • Sanctions apply when any scores are below 80% at initial review
Unsatisfactory	Does not meet the following applicable criteria: 1 a. and 1b; or there is an initial score of .. 50% for any one Person Centered Outcome, or Organizational outcomes, or an aggregate score for all Person Centered Outcome Services , and Organizational outcomes equal 65%.	<ul style="list-style-type: none"> • Corrective Action for Q/A indicators • Satisfactory completion of all plans related to any outstanding issues • F/U review of plan implementation to follow at 30 days from receiving report. • Provisional Certificate Issued when F/U review indicates provider has reached satisfactory designation. • Review in six months • Sanctions apply

J. SANCTIONS

1. When a provider is on Enhanced Monitoring for any of its waiver services, and passes the PCR, the provider can only receive Provisional Certification (6 months) for that service.
2. When a provider fails to achieve scores on initial review of 80 % for all designations of indicators (Person Centered including mandatory and Organization including mandatory) for a service:
 - a. A hold will be placed on referrals to that service until a "satisfactory" score has been achieved at the time of the second review;
 - b. Notification will be sent to DDA Service Coordination to suspend any transitions to that service approved prior to the initial PCR date;
 - c. If a service receives a score of "Unsatisfactory" the service will be placed on Enhanced Monitoring until a score of "satisfactory" score has been achieved at the time of the second review.
 - d. When a provider has an initial score of 50 % or less on any HCBS service review (Person Centered Outcomes) or Organizational review, or when a provider has an aggregate score of 65% for all service and organizational reviews in the initial review, the provider will receive a six month Provisional Certification, only after earning a satisfactory rating at the follow up visit.
3. When a provider fails the PCR review for a service, the following actions will be taken at the end of the review period:
 - a. The provider will be placed or remain on enhanced monitoring, and the provider status will be published on the DDS website. Certification will not be renewed.
 - b. All referrals and admissions will be held, or will remain on hold.
 - c. The final PCR report for the failed service will be shared with families/guardians.
 - d. A team meeting will be held to determine if the individual/family/guardian would like a new provider, or if the individual should remain with the provider pending the results of any administrative appeal to the PCR results.
 - e. DDA will issue a recommendation to Department of Health Care Finance (DHCF) to revoke the Medicaid Provider Agreement for the applicable HCBS Waiver Service(s).
 - f. DDA will issue a request to the Office of Contracting and Procurement to revoke the Provider's Human Care Agreement, if applicable.

- g. All PCR reports will be shared with the Quality Trust for Individuals with Disabilities and the Evans Court Monitoring Office, if applicable, HRLA (Residential Habilitation services only) and the state of Maryland when a provider is also providing waiver services in the state of Maryland.
4. When a provider fails the PCR with an unsatisfactory rating for two consecutive reviews (i.e. annual and 6 month) at the initial review (not the subsequent follow-up review) for a service, this failure signifies the inability of a provider to maintain the corrective actions committed to by the provider. As a result:
- a. The provider will be placed or remain on enhanced monitoring, and the provider status will be published on the DDS website. Certification will not be renewed.
 - b. All referrals and admissions will be held, or will remain on hold.
 - c. The final PCR report for the failed service will be shared with families/guardians.
 - d. A team meeting will be held to determine if the individual/family/guardian would like a new provider, or if the individual should remain with the provider pending the results of any administrative appeal to the PCR results.
 - e. DDA will issue a recommendation to Department of Health Care Finance (DHCF) to revoke the Medicaid Provider Agreement for the applicable HCBS Waiver Service(s).
 - f. DDA will issue a request to the Office of Contracting and Procurement to revoke the Provider's Human Care Agreement, if applicable.
 - g. All PCR reports will be shared with the Quality Trust for Individuals with Disabilities and the Evans Court Monitoring Office, if applicable, HRLA (Residential Habilitation services only) and the state of Maryland when a provider is also providing waiver services for the District in the state of Maryland.

K. RECONSIDERATIONS/APPEALS

When a provider disputes any of the facts specific to the findings at the initial review, or the follow up review, the provider will submit within five business days documentation to the PCR Project Director. The documentation should identify the indicator(s) under dispute, the reason the provider believes the indicator should not have received the rating, and any documentation to support the provider's claim. The Project Director will review the documentation presented and will determine if changes need to be made in the results of the initial review. This will be completed within five business days of receipt of the provider's documentation. If the Project Director finds that the documentation supports the provider's argument for changing a rating of an indicator, the review will be rescored, and the results will be issued with the amended score. The previous scores will be considered null and

void. If the Project Director determines that the evidence presented does not support changing indicator(s), the Project Director will issue a report detailing the rationale applied and notify the provider and DDS/DDA personnel of this determination.

Appeal to DDS/DDA

If, at the end of the PCR process, the provider disputes any of the facts specific to the findings of the PCR indicators after an appeal has been reviewed by the PCR Project Director, the provider will have five business days after receipt of the decision by the Project Director to submit a written appeal to DDS's Quality Management Division (QMD). The written appeal must include documentation that details which indicators and documentation the provider is disputing, the reason(s) why the provider is disputing the documentation, and any documentation that supports the provider's claim(s).

The DDS Director of QMD will appoint a Reviewer to review the appeal. The Reviewer will evaluate the appeal and may request more information from the provider and/or the PCR Team or schedule a meeting with the involved parties to gather facts. The reviewer will make a recommendation to the QMD Director.

Within 20 business days of receipt of the written appeal, the QMD Director will issue a determination in writing to the provider and PCR Team. If the results of the PCR are changed, an amended report will be issued to all parties.

The appeal does not delay sanctions. If the provider failed the PCR for any service, the provider will be placed on the No Referral List, Enhanced Monitoring will be initiated, notifications will be made to people receiving services and their support teams and a recommendation will be made to DHCF to terminate the Medicaid Provider Agreement. If the appeal results in a change in the rating and the provider is determined to be certified, the QMD Director will take immediate actions to rescind any applicable sanctions.

L. CONTINUOUS QUALITY IMPROVEMENT WITHIN DDA

Once a year, DDA will complete a report showing cumulative data from all individual reviews completed during the past year to identify trends for the District of Columbia as a whole. The first year's data is a baseline against which data from successive years is compared. DDA will develop an action plan of targets for improvement to address areas of concern identified through the data.

M. PROVIDER PERFORMANCE REVIEWS

At least once a year, providers are required to attend a Provider Performance Review meeting which brings together representatives from various divisions in DDA including Operations, Service Coordination, and Quality Management. During this meeting, data from each area is compiled, analyzed and presented to the Provider as a way to highlight the provider's performance. Providers are also given the opportunity to present information about the organization as a whole, while focusing on areas of success. At the end of the meeting, the provider and DDA develop a Continuous Improvement Plan for the coming year. The Continuous Improvement Plan developed as a result of the Provider Performance Review will also assist the PCR reviewers in determining the outcome of indicators.